

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09779139 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4		1				
5	1					
6	1					
7		1				
8	1					
9		1				
10		1				
11	1					
12		1				
13	1					
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48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.	18	↓	↓	↓		
TOTAL CLAIMS	93					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.		↓	↓	↓		
TOTAL CLAIMS						